

Ringkasan Thesis

AN EVALUATION OF IUD INSERTION BY A NON-CLINICAL DELIVERY SYSTEM

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On the basis of the results of this cohort study of 1019 women followed for 12 months, it is evident that the non-clinical delivery system of IUD insertion (414 women) introduced by the Family Planning Program, is well suited to providing a contraception service compared to the routine clinical based delivery system (605 women). The non-clinical delivery system of family planning was associated with no difference in efficacy in preventing pregnancy or in side effects. There was increased satisfaction by women using the non-clinical system compared to the clinical.

Women were self-selected into either non-clinical or clinical groups. The baseline characteristics were similar in the two groups, except for a slightly higher education level in the clinical group. For all events during the 12 months period there was no real difference between groups.

The side effects of bleeding or menstrual disturbances and pain were mostly slight for both clinical and non-clinical groups. Since, prior to IUD insertion acceptors were informed of the possibility of getting side effects, the side effects which occurred during IUD use may have been more tolerable. Not all severe side effects of IUD use were treated by termination of the IUD.

The 12-month net cumulative continuation rate was 89.93% in the patients of the non-clinical group and 88.51% in those of the clinical group, a difference which was not statistically significant.

It is considered that this result is not due to a type II error since the sample size was calculated before the study to be large enough for a clinically significant difference to be detected with a power of 90% and because the study was carefully conducted by a multiclinic collaboration of 17 public health centres and hospitals.

Expulsion rate was the main cause of giving up the use of IUD in both groups. The cumulative monthly rate of expulsion increased with time and followed the total termination rate curve. The Lippes loop IUD had a higher expulsion rate than the copper IUD.

The removal of IUDs due to bleeding and pain was similar in the two groups, as were the net cumulative event rates for bleeding and pain and the cumulative event rates of removal for personal reasons. The rates of removal were slightly higher in the first five months of use.

The cumulative monthly rate for accidental pregnancy and removal for planning pregnancy were higher in the clinical group, however, the differences were not significant.

Removal for infection did not occur in this series, possibly due to giving antibiotics prior to IUD insertion. Mild infection might not have been detected during follow-up visits.

Psychological satisfaction of acceptors toward the provider, the service facility and the use of an IUD was similar in the two groups.

Loss to follow-up was very low and the analysis of the result was based on a total of 9983 women-months of use. It is considered necessary to extend the study to see whether there are the longterm differences between the two delivery systems.

In summary, the IUD provided through a non-clinical delivery system is as safe and effective as when it is provided through a clinical delivery system and women are as satisfied with a non-clinical service as with a clinical service. It is possible that the non-clinical service may enhance IUD use and increase satisfaction with family planning programs.

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